



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee The Committee to Re-Elect Judge McIntosh				
Full Name of Contributor Scott Knapp			Registration Number, if PAC	
Street Address 150 East Gay Street, 24th Floor		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2018	Amount \$100.00
Full Name of Contributor Squire Patton Boggs PAC			Registration Number, if PAC	
Street Address 2500 M Street NW		Employer/Occupation/Labor Organization* Law Firm PAC		Form (Cash, Check, etc.) Check
City Washington, D.C.	State OH <i>DC</i>	Zip Code 20037	Date (MM/DD/YYYY) 10/19/2018	Amount \$500.00
Full Name of Contributor PayPal Verifybank			Registration Number, if PAC	
Street Address 2211 N. 1st St.		Employer/Occupation/Labor Organization* Online Payment System		Form (Cash, Check, etc.) Electronic Deposit
City San Jose	State CA	Zip Code 95131	Date (MM/DD/YYYY) 08/09/2018	Amount \$0.20
Full Name of Contributor PayPal Verifybank			Registration Number, if PAC	
Street Address 2211 N. 1st St.		Employer/Occupation/Labor Organization* Online Payment System		Form (Cash, Check, etc.) Electronic Deposit
City San Jose	State CA	Zip Code 95131	Date (MM/DD/YYYY) 08/09/2018	Amount \$0.05
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$600.25